

U.S. Department of Justice  
United States Marshals Service

Case 2:05-cr-00175-MHT-VPM

Document 79

Filed 01/10/2007

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PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form

PLAINTIFF

UNITED STATES OF AMERICA

COURT CASE NUMBER

2:05CR175-T

DEFENDANT

MARCUS ALLS

TYPE OF PROCESS

FINAL ORDER OF FORFEITURE

SERVE



AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

ONE RAVEN ARMS, MODEL MP25, .25 CALIBER HANDGUN, S/N 1741546

.ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)

C/O ATF&E - 2 NORTH JACKSON STREET, SUITE 404 - MONTGOMERY, ALABAMA 36104

SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:

Number of process to be served  
with this Form - 285

1

Number of parties to be served  
in this case

Check for service on U.S.A.

John T. Harmon  
United States Attorney's Office  
Assistant United States Attorney  
Post Office Box 197  
Montgomery, Alabama 36101-0197

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

AGENCY # 776045-04-0141

Signature of Attorney or other Originator requesting service on behalf of :

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

(334) 223-7280

DATE

11/22/06

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total  
number of process indicated.  
(Sign only first USM 285 if more than  
one USM 285 is submitted)

Total Process

No. \_\_\_\_\_

District of Origin

No. \_\_\_\_\_

District to Serve

No. \_\_\_\_\_

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (If not shown above).

☐ A person of suitable age and discretion then  
residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service

11/30/06

Time

3 30

am

pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges  
(including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount Owed to US Marshal or

Amount or Refund

REMARKS:

PRIOR EDITIONS MAY  
BE USED

FORM USM 285 (Rev. 12/15/80)